

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2004 calendar year, or tax year beginning

, 2004, and ending

, 20

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, street, and ZIP code

Roger W Mason & Jack M Blount Fndtn  
Eradication of Rheumatoid Disease  
7376 Walker Road  
Fairview TN 37062

D Employer identification number

58-1483913

E Telephone number

615-799-1002

F Acctg. method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ www.arthritisrtrust.org

J Organization type (check only one) ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,775,306.

M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

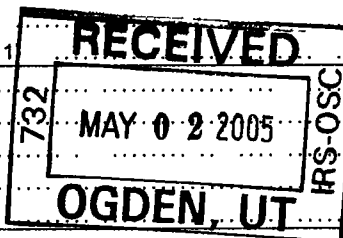
## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	1,702,860.			
b Indirect public support	1b	2,955.			
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$1,705,815. noncash \$ )	1d	1,705,815.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	3,464.			
5 Dividends and interest from securities	5				
6 a Gross rents	6a	66,027.			
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	66,027.			
7 Other investment income (describe ▶ )	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	8d	
b Less: cost or other basis & sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))					
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,775,306.			
13 Program services (from line 44, column (B))	13	572,839.			
14 Management and general (from line 44, column (C))	14	263,031.			
15 Fundraising (from line 44, column (D))	15	429,690.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	1,265,560.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	509,746.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	(584,624.)			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	(74,878.)			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

SCANNED JUN 08 2005



26

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule) ....	23			
24	Benefits paid to or for members (attach schedule) . ....	24			
25	Compensation of officers, directors, etc . . . . .	25	145000.	72500.	72500.
26	Other salaries and wages . . . . .	26	2457.	2457.	
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29	7741.	3870.	3871.
30	Professional fundraising fees . . . . .	30	89070.	44605.	44465.
31	Accounting fees . . . . .	31	22739.	22739.	
32	Legal fees . . . . .	32	15563.	2791.	12772.
33	Supplies . . . . .	33	6054.	6054.	
34	Telephone . . . . .	34	3702.	2534.	1053.
35	Postage and shipping . . . . .	35	319938.	144007.	22525.
36	Occupancy . . . . .	36	1160.	930.	230.
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38	161100.	77259.	7753.
39	Travel . . . . .	39	2303.	2303.	76088.
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule) . . . . .	42			
43	Other expenses not covered above (itemize) a SEE STMT	43a	488733.	213529.	119588.
b		43b			155616.
c		43c			
d		43d			
e		43e			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	1265560.	572839.	263031.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 1132210.; (ii) the amount allocated to Program services \$ 421777.;  
 (iii) the amount allocated to Management and general \$ 182205.; and (iv) the amount allocated to Fundraising \$ 528227.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? ▶ Education and research		<b>Program Service Expenses</b> (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)			
a	General education - increase appreciation and understanding of the social and human costs and burdens imposed by such rheumatoid diseases (Grants and allocations \$ )	423002.	
b	Research - study and investigation on rheumatoid diseases to discover facts and principles in order to help alleviate prevent, or cure such diseases and their effects (Grants and allocations \$ )	149837.	
c			
d			
e	Other program services (attach schedule) (Grants and allocations \$ )		
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).	572839.	

Form 990 (2004)

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash - non-interest-bearing .....	17,910.	45	31,503.
	46 Savings and temporary cash investments .....		46	290,397.
	47 a Accounts receivable .....	47 a		
	b Less: allowance for doubtful accounts .....	47 b	47 c	
	48 a Pledges receivable .....	48 a		
	b Less: allowance for doubtful accounts .....	48 b	48 c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51 a Other notes and loans receivable (attach schedule) .....	51 a		
	b Less: allowance for doubtful accounts .....	51 b	51 c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	60,495.	53	90,504.
	54 Investments - securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis .....	55 a		
	b Less: accumulated depreciation (attach schedule) .....	55 b	55 c	
56 Investments - other (attach schedule) .....		56		
57 a Land, buildings, and equipment: basis .....	57 a	217,811.		
b Less: accumulated depreciation (attach schedule) .....	57 b	57 c	217,811.	
58 Other assets (describe .....		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	78,405.	59	630,215.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	663,029.	60	705,093.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64 a Tax-exempt bond liabilities (attach schedule) .....		64 a	
	b Mortgages and other notes payable (attach schedule) .....		64 b	
	65 Other liabilities (describe .....		65	
66 <b>Total liabilities</b> (add lines 60 through 65) .....	663,029.	66	705,093.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	(584,624.)	67	(74,878.)
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	(584,624.)	73	(74,878.)
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	78,405.	74	630,215.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81 a	
b	Did the organization file Form 1120-POL for this year?	81 b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b	X
c	Dues, assessments, and similar amounts from members	85 c	
d	Section 162(e) lobbying and political expenditures	85 d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86 a	
b	Gross receipts, included on line 12, for public use of club facilities	86 b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87 a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90 b	2
91	The books are in care of <input type="checkbox"/> Perry Chapdelaine Telephone no. <input type="checkbox"/> 615-799-1002 Located at <input type="checkbox"/> 7376 Walker Rd Fairview, TN ZIP + 4 <input type="checkbox"/> 37062		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	92	

Form 990 (2004)

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			512	3,464.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property			513	66,027.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				69,491.	
105 Total (add line 104, columns (B), (D), and (E))					69,491.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
98	Rental of mailing lists increases name recognition

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions.)

(a) Did the organization, during the yr., receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Jerry A. Chaplin, Sr. Date 3/26/05

Executive Director

Date 04/25/2005 Check if self-prepared ☐ Preparer's SSN or PTIN (See Gen. Inst. W) 000006339

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information - (See separate instructions.)**

OMB No. 1545-0047

**2004**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Roger W Mason & Jack M Blount Fndtn

Employer identification number

58-1483913

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
None				

Total number of other employees paid over

\$50,000 ... ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Direct Mail Processors 1150 Conrad Court Hagerstown MD 21740 M	Mail processors	75,720.
Washington Lists 6849 Old Dominion Drive McLean VA 22101		
	Direct mail consult	186,536.
Print Mail Group 7201 Lockport PLace Lorton VA 22079	Printing typesetting	87,771.

Total number of others receiving over \$50,000 for professional services ... ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	986033	1144561	675951	580297	3386842
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28138	28138	7334	4779	68389
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1014171	1172699	683285	585076	3455231
<b>24</b> Line 23 minus line 17	1014171	1172699	683285	585076	3455231
<b>25</b> Enter 1% of line 23	10142	11727	6833	5851	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	69105
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	3455231
d Add: Amounts from column (e) for lines: 18 68389 19 22 26b	<b>26d</b>	68389
e Public support (line 26c minus line 26d total)	<b>26e</b>	3386842
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	98.02 %

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for the year:

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 16 17 20 21	<b>27c</b>	
d Add: Line 27a total and line 27b total	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part VI-A****Lobbying Expenditures by Electing Public Charities** (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group. Check **b** if you checked **a** and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000 ....		
	Over \$1,000,000 but not over \$1,500,000 ..		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40 .....		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B****Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (Add lines c through h.) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2004



**2004**

ID: 58-1483913

[illegible]

**Total**

217,811.

**US 990****Other Functional Expenses: Page 2, Line 43****2004**

Description of the Asset	Total	Program Services	Management and General	Fundraising
Artwork	11,308.	5,654.		5,654.
Bank charges	13,516.	91.	12,879.	546.
Cashiering & caging	87,394.		78,631.	8,763.
Contract labor	27,579.	27,579.		
Data processing	92,656.	40,330.	13,053.	39,273.
Gifts/Winners	10,335.		10,335.	
Mailhouse fees	50,835.	24,982.	128.	25,725.
Mail list rental	151,310.	75,655.		75,655.
Office supplies	2,154.		2,154.	
Professional dues	165.	165.		
Program supplies	11,946.	11,946.		
Research supplies	21,371.	21,371.		
Website/Internet	8,164.	5,756.	2,408.	
	488,733.	213,529.	119,588.	155,616.

The Roger Wyburn-Mason and Jack M. Blount Foundation  
for the Eradication of Rheumatoid Disease, Inc.  
FEIN: 58-1483913

Form 990 (Attachment B)  
December 31, 2004

Part V - List of Officers, Directors,  
Trustees, and Key Employees

Name	Address	Title	Avg Hrs/Wk	Compensation	Benefits	Expense Accounts
Lucy Verano-Chapdelaine	7376 Walker Road Fairview, TN 37062	President	Part-time	2457	0	0
Harold Hunter, M.S.	934 S Telemachus New Orleans, LA 70125	Treasurer	Part-time	0	0	0
Perry A. Chapdelaine, Sr.	7376 Walker Road Fairview, TN 37062	Exec. Dir/ Secretary	40 Hrs/ Week	145,000	0	0
Ron Davis, M.D.	5002 Todville Rd. Seabrook, TX 77586-1702	Member	Part-time	0	0	0